

# Member Action Request Form

## Quick Reference Guide

### Instructions for Completing the Member Action Request Form

**\*\*\*This Form Must be Printed or Typed CLEARLY\*\*\***

NOTE: **DO NOT** send an AESD-1 to CalPERS if you are using the COMET/Corporate Registration system to enter these transactions.

**Use this sheet as a reference when completing the AESD-1 form.**

*For additional instructions, refer to the Membership section of your CalPERS Procedures Manual.*

	Boxes to Complete by Type of Action*															
TYPE OF ACTION	5	6	7	8	10	11	12	15	16	17	18	19	20	21	22	
Appointment/Membership	chg	●	chg	●	ARP	●	Sch	●	●	●	HB	●	Sch	½@	NQ	
Return from Leave	chg	chg	chg	●	ARP	●	Sch	●	●	●	HB	●	Sch	½@	---	
Retired Annuitant	chg	chg	chg	●	ARP	●	Sch	●	●	●	HB	●	Sch	½@	---	
21228 Disability Reemployment	chg	chg	chg	●	ARP	●	Sch	●	●	●	HB	●	Sch	½@	---	
Time Base Change	chg	chg	chg	●	ARP	●	Sch	●	●	●	HB	●	----	----	---	
Coverage Group Change	chg	chg	chg	●	ARP	●	Sch	>1	>1	●	----	●	----	----	---	
All separations and leaves	chg	chg	chg	●	----	●	Sch	>1	>1	>1	----	>1	----	----	---	
Alternate Retirement Plan	chg	chg	chg	●	ARP	●	Sch	>1	>1	>1	----	>1	----	----	---	
Name Change	●	chg	chg	----	----	---	---	---	----	----	----	----	----	----	---	
Address Change	chg	●	chg	----	----	---	---	---	----	----	----	----	----	----	---	

\*The completion of Boxes 1, 2, 3, 4, 9, 13, 14, and 23 is required for all types of action listed above.

• = Required

chg = If information has **changed** since previous AESD-1 was submitted, or if desired

>1 = Only if employee is working more than one (>1) position concurrently

---- = Not Required

ARP = Only for agencies that provide for an **Alternate Retirement Plan** pursuant to Section 20306 (AB 2400, Chapter 1164, Statutes of 1996)

HB = Required only for agencies that contract with CalPERS for **Health Benefits** coverage

NQ = Only if Appointment Tenure (#15) and Time Base (#16) do **not** qualify for membership; or, for an optional member

Sch = Required only for **School** employers

½@ = Only when appropriate for specified “safety” classifications subject to the ½ @ 55 retirement formula

- 1) Submit the original copy to CalPERS. Make copies, if needed, for your files.
- 2) If enrolling a new employee, the AESD-1 must be received by CalPERS prior to submission of payroll reports. Failure to do so will result in payroll errors and possibly penalty fees.
- 3) If you need to change the **Social Security Number** (#1), **Gender** (#4), or the **Effective Date** (#9) of an earlier transaction, you **MUST** indicate this **CLEARLY** in the **Remarks** (#7) section (e.g., “Correcting the Effective Date from 7/1/98 to 7/10/98”, “Correcting Gender to ‘Male’”, or “SS# was incorrectly submitted as XXX-XX-XXXX - see Social Security Card attached”).
- 4) If changing the Coverage Group, complete **only ONE** AESD-1 to report the appointment to the new Coverage Group. (NOTE: This is a recent procedural change; formerly, we asked for two MSD-1 forms to be submitted.)
- 5) Complete Box #9 to reflect the date that the action(s) checked in #14 on the AESD-1 will take effect.
- 6) **DO NOT** complete an AESD-1 to report a birth date change. Report the change on a PERS-MEM 12 form. Refer to the CalPERS Procedures Manual for instructions on how to complete this form.
- 7) If the new employee is a CalPERS retiree, the appointment is subject to conditions specified in the Benefits Section of the **CalPERS Procedures Manual**, “Employment of a Retiree”.
- 8) Attach a completed AESD-3 for a **Legislative employee**, a completed AESD-59 for an **elected official**, or a completed AESD-229 for a **part-time optional member**. Refer to the CalPERS Procedures Manual for information on eligibility criteria. (NOTE: You may continue to use MEM-3, MEM-59 and MEM-229 forms until your supply runs out.)
- 9) Box #23 must be completed by the person(s) filling out the form. **DO NOT** use initials because we may need this person as a “contact” if we have questions about the form.

**NOTE:** Submit AESD-1 only if a job/position change affects a person's retirement information (e.g., Name/Address, Coverage Group, Time Base, Appointment Tenure) or if the District Code has changed. Please ensure that all information is clear and legible; **typing** or **printing** is preferred.

**2 - Current Name:** In **First, Middle** (name *or* initial) and **Last** order. For a **Name Change** (e.g., due to marriage or divorce), enter the "correct" (current) name in Box #2; enter the *former* name (e.g., name before marriage/divorce) in Box #5, and check "**K - Name Change**" in Box #14.

**8 - Employer Name:** Enter the *complete name* of your agency; avoid acronyms unless they are *generally understood* (e.g., SMUD; BART).

**10 - Subject to 20306:** Check "Yes" or "No," to indicate whether employee is subject to the **Alternate Retirement Plan** provisions of Government Code Section 20306, should her/his time base drop below 20 hours a week. (Applies *only* to agencies which provide for such a plan.)

**12 - District Code:** This is required for school employees only. If you don't know the appropriate District Code, call us at 1-888-225-7377.

**13 - County Code:** Enter 2-digit code indicating your county (e.g., Alameda = "01"); see Page 3-105 of the Procedures Manual for listing of codes.

**14 - Type of Action:** More than one box should be checked, if applicable. For example, if person's address changed at the same time that she/he separated, then *both* the "Separation, Permanent" and "Address Change" boxes should be checked. Some points to remember are:

- **Appointment/Membership:** Check this for (1) new hires who qualify for membership, (2) current employees who have just now qualified for membership, (3) persons reinstating from retirement, and (4) persons electing "optional" membership (see Box #22 below).
- **Return from Leave:** Should be checked when the person is returning from status of "**D - Separation, Temp (≥ 2 months)**."
- **Separation, Temp (≥ 2 months):** Should only be used for separations of two months or more (do not report shorter separations).
- **Alternate Retirement Plan:** Should be checked when a non-vested member working less than 20 hours a week must switch to an alternate retirement plan, pursuant to AB 2400 (Section 20306; Chapter 1164, Statutes of 1996). Box #10 should also be checked.
- **Maternity/Paternity Leave:** Should be checked when on an approved leave of absence to give birth and/or care for newborn child.
- **Retired Annuitant:** Should be checked when person is retired *for service* from CalPERS, but is lawfully working after retirement (e.g., less than annual hours allowable, normally 960 per year). For disability retirements, see **21228 Disability Reemployment** below.
- **Time Base Change:** Should be checked when **Appointment Tenure** (Box #15) and/or **Time Base** (Box #16) changes.
- **21228 Disability Reemployment:** Should be checked when person is retired from CalPERS for disability, but is lawfully working after retirement in a position for which he/she is not disabled; e.g., a disabled Police Officer is working as an Analyst, or dispatcher.

**15 - Appointment Tenure:** If **Type of Action** checked in Box #14 is "**A**," "**B**," or "**M**," check "Permanent" or "Temporary," defined as follows:

**Permanent:**

- **For non-school employees:** An appointment for more than one year/12 months; may or may not have a known "ending" date.
- **For school employees:** An appointment lasting for the *entire* school year (10-12 months), or longer.

**Temporary:** For temporary employees, you **MUST** also enter either (1) the number of *whole* months [round up to nearest whole month; e.g., 6 months plus one day = 7 months] of the appointment, or else (2) the position's Expiration Date.

- **For non-school employees:** An appointment with a known/fixed ending date of *exactly* one year/12 months, or *less*.
- **For school employees:** An appointment that will last *less* than an entire school year (e.g., will last 1-9 months).

**16 - Time Base:** Check one of the three boxes in this field if the Type of Action indicated in Box #14 above is "**A** - Appointment/Membership,"

"**B** - Return from Leave," or "**M** - Time Base Change." CalPERS' definitions of these Time Bases are as follows:

**Full-Time:** Works the full amount of time for employees in the given classification; 34-60 hours per week is the normal "full-time" range.

**Part-Time:** Works less than full-time, but an "average" number of hours to be worked per week can be specified (e.g., 20 hours, 35 hours).

For part-time employees, you **MUST** also enter the "\_\_\_ hours worked per week" and "\_\_\_ full-time weekly hours" sections:

"\_\_\_ **hours worked per week**": Specify the total number of hours the employee is expected to work per week. (E.g., if an employee works 5 hours per day, five days a week, enter "25" in this field.) If the employee works a fractional part of an hour, round off to the nearest *whole hour* (e.g., works 19 ½ hours, enter 20 hours; works 19 ¼ hours, enter 19 hours).

"\_\_\_ **full time weekly hours**": Specify the normal full-time work week hours (e.g., 40, 35) for that classification. NOTE: "Full-time" work week hours cannot be less than 34, or greater than 60, without prior approval from the CalPERS Board.

**Indeterminate:** Works less than full-time, and the "average" number of hours worked per week *cannot* be specified (e.g., hours worked vary due to unpredictability and irregularity of incoming workload, variations in the funding source for the position, etc.).

If the average "hours worked per week" cannot be specified (e.g., due to schedule variation) but will average *at least* 20 hours per week for one year or longer, use "Indeterminate" as the Time Base, and check the "**But will average 20 hours per week for 1 year or longer**" box.

**17 - Coverage Group:** Please call us at 1-888-225-7377 if you have questions about the appropriate Coverage Group to use; e.g., you are unsure about whether a given position (such as "Police Cadet," "Director of Public Safety," "Fire Inspector," etc.) qualifies for "safety" membership.

**18 - Medical Group:** Agencies participating in the CalPERS Health Program should enter the numeric code for the employee's bargaining unit. This is the same code entered on the Health Enrollment Form [HBD-12]. (For agencies *not* participating in the Health Program, leave box blank.)

**22 - Optional Member:** Includes elective officers (e.g., members of County Board of Supervisors, City Council members). When electing optional membership, the person must *also* complete an election form (AESD/MEM-59 for public agencies/schools, AESD/MEM-3 for Legislative employees, and AESD/MEM-229 for other State employees). The completed election form should be attached and submitted with the AESD-1.

**NOTE:** The following persons are now **excluded** from Cal PERS membership: (1) School Board members elected on or after July 1, 1994; (2) members of an "administrative body" (e.g., board, commission, council) of a contracting agency *other* than a city or county, elected/appointed on or after July 1, 1994; or (3) members of a *city or county* "administrative" body (e.g., board, commission, council) elected/appointed on or after January 1, 1997. Membership is still possible for persons elected *before* these dates.

**23 - Form Completed By:** The "Name & Title," "Telephone and Fax numbers," and "Date" fields are for the person who is actually *completing* the AESD-1 form (who would be CalPERS' "contact" person if we have questions about the form); the "Signature of certifying officer" and "Date" fields are for the person (e.g., manager, supervisor, analyst or technician) who is responsible for certifying the accuracy of the data submitted.